


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90204 040 \*\*\*\*61.25

<b>DOCUMENT # N12635</b>		
1. Entity Name <b>RIVER RUN OF MIRAMAR HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>12233 SW 55TH ST SUITE 811 FORT LAUDERDALE, FL 33330 US</b>	Mailing Address <b>12233 SW 55TH ST SUITE 811 FORT LAUDERDALE, FL 33330 US</b>	



*c/o* 2. Principal Place of Business - No P.O. Box # *c/o* 3. Mailing Address  
**Century Management Services, Inc. Century Management Services, Inc.**  
**1495 North Park Drive 1495 North Park Drive**  
**Weston, Florida 33326 Weston, Florida 33326**

162008 Chg-NP CR2E037 (12/06)

FEI Number <b>59-3641776</b>	Applied For <input type="checkbox"/> Not Applicable
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Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
<b>MARTIN, ROBERT C. ESQ. MARTIN &amp; BENNIS, P.A. 319 SE 14TH ST. FORT LAUDERDALE, FL 33316</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	Zip Code <b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, CHARMAINE 3190 CRYSTAL WAY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> Nickey Lewin 3011 Lucerne Way Miramar, FL 33025 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOUNTAIN-HERON, CECILE 9750 ATLANTIC DRIVE MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lorna Shubbs 2640 Rhone Way Miramar, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, VALERIE 3230 ENSENADA WAY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRACY ANN COCKBURN 9761 GLACIER DR. MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, SALLIE 2740 HURON WAY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOSTER, KENNETH 2681 RHONE WAY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEDROE, BERT A 3261 CRYSTAL WAY MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/08*  
Date

Daytime Phone # \_\_\_\_\_